

(PTO ASSISTANCE)

Application : 10/080,642 Examiner : Landsman GAU : 1647

From: DP Location: IDC FMF FDC Date: 2/17/06

Tracking #: *epm 10/080,642* Week Date: *1/30/2006*

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>1/26/2006</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claim 1 and 2 (original claim 2 and 3) depends on Renumbered claim 3 (original claim 4). Please resolve.

Thank you.

[XRUSH] RESPONSE:

claims renumbered

INITIALS: *PM*

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04